

May 25, 2018

### VIA CERTIFIED MAIL AND ECFS

Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street, SW Washington, DC 20554

> RE: Shenandoah Telephone Company Shenandoah Personal Communications, LLC Shentel Communications, LLC Form 395 WC Docket 16-233

Dear Ms. Dortch:

Enclosed please find one signed copy of Form 395 for each of the following: Shenandoah Telephone Company, Shenandoah Personal Communications, LLC, and Shentel Communications, LLC. These companies are all subsidiaries of Shenandoah Telecommunications Company, and all employees are managed by another subsidiary: Shentel Management Company.

If you have any questions or need any additional information please feel free to contact me by phone at (540) 984-5553 or by e-mail at Keili. Young@emp.shentel.com

Sincerely,

Keili Young, Esq.

Associate Counsel

CC: Wireline Competition Bureau

Industry Analysis and Technology Division

445 12th St. SW

Washington, DC 20554

KKY Enclosures Regional Process

DAMAGE LIST THE ESTIMATE RESTRICTION OF STREET

### FCC 395 A SECONDARY OF A SECONDARY O Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

### COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.] SECTION 1 - General Information

2017   Panod Covered by Report)   Panod Covered by Report   Panod Covered by Report										_								
Categories   Cat	1. Name and Mailing Address	s of R	espondent												T			
Period Covered by Report   Period Covered by R	PO Box 459		e Compai	ny **(See	note, bel	ow)									is a	change of		
Period Covered by Report   Period Covered by R	2. Year Report Filed			3. Reporting	Period (End	ling Date of P	ay		4 Number	of Full-Time Fr	mplouses du	ring Calastad						
Number of Employees				Period Co	overed by Re	port)		Reporting Period (check one):  a. Fewer than 16 (complete Sections L.IV, and V only)										
Professionals   Professional	SECTION II - Full-Time Emp	loyee	s.		b. 🛂 16 or more (complete all sections)													
Part					(Report employees in only one category)													
Classification   Continues										Race/Ethnicity	1							
Male   Female   White   Black or African   American   Maske   Female   White   Black or African   American   Maske   Female   White   Black or African   American   Maske	Categories													Total				
Permate   Permate   Permate   Permate   Permate   Permate   Permate   African African American American   Padric Indian or American Indian or American Indian or American Indian or American Indian or Padric Islander   Padric Is					ļ		Ma	ale			-		Fen	nale			Columns	
Executive Senior Level Officials and Managers   1.1   14   15   15   15   15   15   17   17   17			Male	Female	White	African	Hawaiian or Other Pacific	Asian	Indian or Alaska		White	African	Hawaiian or Other Pacific	Asian	Indian or Alaska		A-N	
1			Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Managers   1.2   2   85   2   2   3   33   3   3   3   3   3	Officials and Managers	1.1			14							1						
Technicians 3	First/Mid-Level Officials and Managers	1.2	2		85	2					33						122	
Sales Workers	Professionals	2	2	1	95	3		2	1	3	54						161	
Administrative Support	Technicians	3			21	2					1						24	
Workers         5         2         4         51         9         1         161         10         2         2         242           Craft Workers         6         2         165         5         1         2         175           Operatives         7         1         1         1         1         1           Laborers and Heipers         8         7         7         7         7           Service Workers         9         0	Sales Workers	4	13	5	160	16		1		3	88	12		1		4	303	
Operatives 7 1 1 2 175  Coperatives 7 1 1 1 2 175  Laborers and Heipers 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Administrative Support Workers	5	2	4	51	9		1			161	10		2		2	242	
Laborers and Hcipers   8	Craft Workers	6	2		165	5			1		2						175	
TOTAL   10   21   10   599   37   0   4   2   6   339   23   0   3   0   6   1,050	Operatives	7			1								7				1	
TOTAL 10 21 10 599 37 0 4 2 6 339 23 0 3 0 6 1,050  PREVIOUS YEAR TOTAL 11 22 13 643 48 0 6 2 8 404 20 6 20 7 8 100 7	Laborers and Heipers	8			7												7	
TOTAL 10 21 10 599 37 0 4 2 6 339 23 0 3 0 6 1,050  PREVIOUS YEAR TOTAL 11 22 13 643 48 0 6 2 8 404 21	Service Workers	9																
PREVIOUS YEAR TOTAL 11 22 13 643 48 0 6 2	TOTAL	10	21	10	599	37	0	4	2	6	339	23	0	3	0	6		
	PREVIOUS YEAR TOTAL	11	22	13	643	48	0	6	2	8	404	31	0					

\*\*NOTE: All individuals are employed by an affiliate - Shentel Management Company

FCC 395

Revised December 2007

SECTION-III - Part-Time Empl	oyees.																
							Nur	nber of Emplo	yees								
Job							(Report emp	Race/Ethnicity		y)							
Categories		anic or atino		Not-Hispanic or Latino													
		auno			Ma	ale				Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N		
Executive/Senior Level	A	В	С	D	E	F	G	Н	1	J	К	L	М	N	0		
Officials and Managers	1.1														0		
First/Mid-Level Officials and Managers	1.2								2				<u> </u>		2		
Professionals	2								-	<del>                                     </del>				<del>                                     </del>	0		
Technicians	3									<del>                                     </del>			-		0		
Sales Workers	4		1	1											2		
Administrative Support Workers	5		5	1					8	1				1	16		
Craft Workers	6		1												1		
Operatives	7														0		
Laborers and Helpers	8									<del>                                     </del>			<del>                                     </del>		0		
Service Workers	9														0		
TOTAL	10 0	0	7	2	0	0	0	0	10	1	0	0	0	1	21		
PREVIOUS YEAR TOTAL	11 3	0	16	4	0	0	0	1	10	3	0	0	0	0	37		
SECTION IV - Report of Discri	mination Comp	laints Pursua	int to 47 CFF	R 22.321, 23.5	5, 90.168, 101	.4, and 101	.311.	L			1						
This is to advise the company before an	e Commission th by body having c	nat no complai competent juris	nts regarding	violations of t	he equal empl	oyment prov	risions of Fed	eral, state, terri	torial, or loca	al statutes ha	e been filed a	gainst this					
This is to advise the (Attach a list indicate)	e Commission th	at the followin	o complaints	alleging violat	tions of the ass	odalasis of c			unity statute	have been fi	ed against this	company.					
SECTION V - Certification I certify that to the best of my kn								aniber of outer	ocagnau0N	, and current	status of dispo	sition.					
Date T	yped or Printed	Name of Pers	on Signing	ents in this rep													
05/25/2018		Inn Flowers  Signature  Company Signature  Telephone No. (540) 984-5320															
Title of Person Signing	/ .			WILLFULLY	FALSE STATE	EMENTS MA	ADE ON THIS	ECOM ADE O	LIMICULADIA	E BY FINE AN	ID/OR IMPRIS				VOCATION		
Assistant Secretary	/Assoc. G	eneral C	ounsel	OF ANY STA	TION LICENS	E OR CON	STRUCTION	PERMIT (47 U	.S.C. 312 (A	)(1) AND/OR	FORFEITURE	(47 U.S.C.	503).	-, mission no	NUITADOF		

# FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

### COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	ation	)															
Name and Mailing Address	of R	espondent															
Shenandoah Person PO Box 459 Edinburg, VA 2282	al (		ications, I	LC **(S	ee note, b	elow)								is a	eck here if this change of fress.		
2. Year Report Filed			3. Reporting	Period (End	ing Date of Pa	ay		4. Number	of Full-Time Er	mplovees du	rinn Salantad			<u> </u>			
2017			Period Ce	overed by Re	port)		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)										
SECTION II - Full-Time Emplo	oyee	s.								proto all sec	00113)						
						·		Nun (Report emp	nber of Emplo loyees in only	yees one category	()						
Job				Race/Ethnicity													
Categories			anic or						Not-Hispan	ic or Latino							
	ļ					M	ale					Fer	male			Total Columns	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
Executive/Senior Level		Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Officials and Managers	1.1			14							1					15	
First/Mid-Level Officials and Managers	1.2	2		85	2					33						122	
Professionals	2	2	1	95	3		2	1	3	54						161	
Technicians	3			21	2					1				<u> </u>		24	
Sales Workers	4	13	5	160	16		1		3	88	12		1		4	303	
Administrative Support Workers	5	2	4	51	9		1			161	10		2		2	242	
Craft Workers	6	2		165	5			1		2						175	
Operatives	7			1												1	
Laborers and Helpers	8			7												7	
Service Workers	9															0	
TOTAL	10	21	10	599	37	0	4	2	6	339	23	0	3	0	6	1.050	
PREVIOUS YEAR TOTAL	11	22	13	643	48	0	6	2	8	404	31	0	9	0	11	1 197	

\*\*NOTE: All individuals are employed by an affiliate - Shentel Management Company

FCC 395

Revised December 2007

SECTION-III - Part-Time Empl	oyees.						-										
								ber of Emplo oyees in only		v)							
Job		Race/Ethnicity															
Categories		Hispanic or Latino		Not-Hispanic or Latino													
		-auno			М	ale			Female								
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N		
Executive/Senior Level	A	В	С	D	E	F	G	н	1	J	К	L	М	N	0		
Officials and Managers	1.1														0		
First/Mid-Level Officials and Managers	1.2								2						2		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4		1	1											2		
Administrative Support Workers	5		5	1					8	1				1	16		
Craft Workers	6		1												1		
Operatives	7														0		
_aborers and Helpers	8														0		
Service Workers	9														0		
TOTAL	10 0	0	7	2	0	0	0	0	10	1	0	0	0	1	21		
PREVIOUS YEAR TOTAL	11 3	0	16	4	0	0	0	1	10	3	0	0	0	0	37		
SECTION IV - Report of Discri	mination Com	plaints Pursua	int to 47 CFF	R 22.321, 23.5	5 90.168 101	.4 and 101.	311.							لـــــــــا			
This is to advise the company before an This is to advise the (Attach a list indica	e Commission ( by body having e Commission (	hat no complain competent juris	nts regarding diction in suc	violations of t	he equal emp	loyment prov ar year cover	isions of Fede red by this rep	on.									
SECTION V - Certification									g3011	, and derivant	Amus or uispu	Sidoni,					
I certify that to the best of my kn	owledge, inform	nation, and beli	ef, all stateme	ents in this rep	oort are true a	nd correct.											
	yped or Printed Ann Flov		on Signing			Signature	$\Omega$	<b>Y</b>	,			Telephone N	io. 184-532(	<u> </u>			
Title of Person Signing				MITERIA	FALSE STAT	EMENTS MA	DE ON THE	Low	4								
Assistant Secretary	Assoc. C	General C	ounsel	OF ANY STA	TION LICENS	SE OR CONS	STRUCTION	PERMIT (47 U	S.C. 312 (A	E BY FINE AN (1) AND/OR	D/OR IMPRIS FORFEITURE	ONMENT (1 (47 U.S.C. 5	8 U.S.C. 100 503).	1) AND/OR RE	VOCATION		

# FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

### COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	tion								- Togal daily	poblic builder	11-1					
1. Name and Mailing Address		spondent														
Shentel Communica PO Box 459 Edinburg, VA 2282	ition		**(See no	te, below	)									is a	ck here if this change of ress.	
Year Report Filed			3. Reporting	Period (Endi	nn Date of Pa			A Number	45.455					-		
2017	-y		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)													
SECTION II - Full-Time Emplo	yees.															
-	-							Num (Report empl	ber of Emplo oyees in only	yees one category	)					
Job	-								Race/Ethnicity	1						
Categories		Hispa Lat	anic or tino						Not-Hispan	ic or Latino				Indian or races		
	L					Ma	ale					Fer	nale			Columns
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian			A-N
	_	Α	В	С	D	E	F	G	Н	1	J	к	L	М	N	0
Officials and Managers	1.1			14							1					15
First/Mid-Level Officials and Managers	1.2	2		85	2					33						122
Professionals	2	2	1	95	3		2	1	3	54						161
Technicians	3			21	2					1						24
Sales Workers	4	13	5	160	16		1		3	88	12		1		4	303
Administrative Support Workers	5	2	4	51	9		1			161	10		2		2	242
Craft Workers	6	2		165	5			1		2						175
Operatives	7			1												1
Laborers and Helpers	8			7												7
Service Workers	9															0
TOTAL	10	21	10	599	37	0	4	2	6	339	23	0	3	0	6	1,050
PREVIOUS YEAR TOTAL	11	22	13	643	48	0	6	2	8	404	31	0	9	0	11	1,197

\*\*NOTE: All individuals are employed by an affiliate - Shentel Management Company

FCC 395

Revised December 2007

SECTION-III - Part-Time Emplo	oyees.																
							Nun (Report emp	nber of Emplo loyees in only	oyees one category	v)			-				
Job		Race/Ethnicity															
Categories		panic or atino		Not-Hispanic or Latino													
					М	ale					Fer	Female					
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N		
Executive/Senior Level	A	В	С	D	E	F	G	н	ı	J	К	L	М	N	0		
Officials and Managers	1.1												1		0		
First/Mid-Level Officials and Managers	1.2								2						2		
Professionals	2									<u> </u>					0		
Technicians	3									<del></del>					0		
Sales Workers	4		1	1											2		
Administrative Support Workers	5		5	1					8	1				1	16		
Craft Workers	6		1												1		
Operatives	7														0		
Laborers and Helpers	8													ļ	0		
Service Workers	9														0		
TOTAL	10 0	0	7	2	0	0	0	0	10	1	0	0	0	1	21		
PREVIOUS YEAR TOTAL	11 3	0	16	4	0	0	0	1	10	3	0	0	0	0	37		
SECTION IV - Report of Discrin	mination Com	plaints Pursua	int to 47 CFF	R 22.321, 23.5	55, 90.168, 101	l.4, and 101	311,	1		J							
This is to advise the company before an					mig and outcite	as year cove	ICU DV IIIIS IED	IOIT .									
This is to advise the (Attach a list indicate	ting parties invo	nat the followin lived, date filed	ig complaints I, courts or ag	alleging viola gencies before	tions of the pro which the ma	ovisions of a otter has been	ny equal empl n heard, file ni	oyment opportumber or other	tunity statute designation	have been fil , and current	ed against this	s company,					
SECTION V - Certification									•								
Date	vned or Printed	Name of Pers	ef, all statem	ents in this rep	port are true ar								• • • • • • • • • • • • • • • • • • • •				
05/25/2018		Ann Flowers  Signature  Signature  Telephone No. (540) 984-5320															
Title of Person Signing				WLLFULLY	FALSE STAT	EMENTS MA	OF ON THIS	FORM ARE	MINICHADIA	BY FINE AN	ID/OB IMPRIS	0.0.0		1) AND/OR RE	VOCATION:		
Assistant Secretary	Assoc. C	General C	ounsel	OF ANY STA	ATION LICENS	SE OR CON	STRUCTION	PERMIT (47 U	.S.C. 312 (A	)(1) AND/OR	FORFEITURE	(47 U.S.C.	o u.s.c. 100° 503).	I) AND/OR RE	:VUCATION		